Policy Number	**SUR716.011**
Policy Effective Date	**05/15/2026**

Reconstructive Breast Surgery

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Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For Illinois only: Illinois Public Act 103-0123 (IL HB 1384) Coverage for Reconstructive Services requires the following policies amended, delivered, issued, or renewed on or after January 1, 2025 (Individual and family PPO/HMO/POS; Student; Group [Small Group; Mid-Market; Large Group Fully Insured PPO/HMO/POS] or Medicaid), to provide coverage for medically necessary services that are intended to restore physical appearance on structures of the body damaged by trauma.

EXCEPTION: For HCSC members residing in the state of Arkansas, § 23-99-405 related to coverage of mastectomy and reconstruction services, should an enrollee elect reconstruction after a mastectomy, requires coverage for surgery and reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and protheses and coverage for physical complications at all stages of a mastectomy, including lymphedema. This applies to the following: Fully Insured Group, Student, Small Group, Mid-Market, Large Group, HMO, EPO, PPO, POS. Unless indicated by the group, this mandate or coverage will not apply to ASO groups.

EXCEPTION: For members residing in the state of Arkansas: AR 23-79-2902-03 SB 83 requires a health benefit plan to provide coverage for all modalities, types, and techniques of a healthcare service provided for a breast reconstruction surgery and shall cover any surgery determined as the best course of treatment by a healthcare professional, consistent with prevailing medical standards, and in consultation with the patient. Breast reconstruction surgery is defined as: 1) augmentation, reduction, and mastectomy and all procedures for a contralateral breast necessary for symmetry, 2) all breast reconstruction modalities, including implant-based breast reconstruction, tissue-based reconstruction, and any other modalities recognized within Level I of the Healthcare Common Procedure Coding System codes, 3) chest wall reconstruction, including without limitation an aesthetic flat closure, 4) custom fabricated breast prostheses, including without limitation replacement of such breast prostheses, and 5) coverage for the mechanical, medical, and surgical treatment of physical complications of a mastectomy, breast reconstruction surgery, chest wall reconstruction, radiation, and lymph node surgery. This applies to the following: Fully Insured Group, Student, HMO, EPO, PPO, POS. Unless indicated by the group, this mandate or coverage will not apply to ASO groups.

Coverage

This medical policy does NOT address Gender Reassignment Services (Transgender Services). This medical policy IS NOT TO BE USED for Gender Reassignment Services. Refer to SUR717.001, Gender Assignment Surgery and Gender Reassignment Surgery with Related Services.

Reconstructive breast surgery on the affected breast **may be considered medically necessary** after a medically necessary mastectomy (full or partial mastectomy), accidental injury, or trauma.

Reconstructive breast surgery on the unaffected/contralateral breast **may be considered medically necessary** to achieve symmetry following a medically necessary full or partial mastectomy.

Reconstructive breast surgery techniques include, but are not limited to:

- Immediate or delayed insertion of breast implants, with or without associated expanders;
- Autologous reconstruction using the patient's own tissues (e.g., latissimus dorsi flap, transverse rectus abdominis myocutaneous flap, thigh-based flaps [transverse upper gracilis/transverse myocutaneous gracilis, diagonal upper gracilis, profunda artery perforator, lateral thigh perforator, or superior gluteal artery perforator], or free flap);
- Harvesting and grafting of autologous fat as a replacement (e.g., suction assisted lipectomy) for implants or to fill defects after breast conservation surgery;
- Revision of reconstructed breast;
- Reduction mammaplasty;
- Mastopexy with or without breast implants;
- Nipple/areola reconstruction and nipple tattooing; AND/OR
- Aesthetic flat closure.

NOTE 1: There is no time limit for coverage of reconstructive breast surgery procedure(s) following a medically necessary full or partial mastectomy.

Policy Guidelines

Documentation Requirements: Documentation must accompany any request for benefits or claims filed for breast reconstruction following partial mastectomy procedures and may include:

- History and physical examination notes,
- Office notes,
- Consultations, AND
- Lab and pathology reports.

Description

Reconstructive breast surgery is defined as a series of surgical procedures that is designed to restore the normal appearance of the breast after surgery, disease, accidental injury, or trauma. Breast reconstruction is distinguished from purely cosmetic procedures by the presence of a medical condition, e.g., breast cancer or trauma, which leads to the need for breast reconstruction.

Background

The most common indication for reconstructive breast surgery is a prior mastectomy; in fact, benefits for reconstructive breast surgery in these individuals are a mandated benefit in many states.

In contrast, cosmetic breast surgery is defined as surgery designed to alter or enhance the appearance of a breast that has not undergone surgery, accidental injury, or trauma.

There is a broadening array of surgical approaches to breast reconstruction. One type of reconstruction includes insertion of a breast implant, either a silicone gel-filled or saline-filled prosthesis. The implant is either inserted immediately at the time of mastectomy or sometime afterward in conjunction with the previous use of a tissue expander.

For some patients, reconstructive mammaplasty is accomplished in several staged procedures requiring 2 or 3 operations. Multiple techniques including tissue expanders, breast implants, regional or distant autologous tissue transfers/flaps, and/or reconstruction of the nipple-areolar complex (and nipple tattooing if applicable) may be required. The following is a listing, with definitions, of breast “flap” reconstructive procedures:

1. A Latissimus dorsi muscle flap utilizes donor tissue from the patient’s back that can be employed for reconstruction without significant loss of function. The latissimus flap can be moved into the breast defect, still attached to its blood supply under the arm pit (axilla).

The latissimus flap is usually used to recruit soft-tissue coverage over an underlying breast implant. There are instances where enough volume can be recruited to reconstruct small breast without the placement of a breast implant.

2. The abdominal flap used for breast reconstruction includes the TRAM (transverse rectus abdominis myocutaneous) flap, in which a portion of the abdomen tissue, including the skin, fat tissues, minor muscles, and connective tissues, is taken from the patient's abdomen and transplanted onto the breast site once the breast cancer has been surgically removed.
3. A deep inferior epigastric perforators (DIEP) flap is a type of breast reconstruction, in which abdominal muscle blood vessels, skin, and fat tissues are removed from the abdomen and transferred to the chest to reconstruct a breast without the sacrifice of any abdominal muscles.
4. The superficial inferior epigastric artery (SIEA) flap differs from the DIEP flap by utilizing tissue from the lower abdomen and takes a smaller section of skin and fat tissues to create the new breast. The blood vessels required for this flap come from the fatty tissue.
5. Thigh-based flaps (e.g., transverse upper gracilis/transverse myocutaneous gracilis [TUG/TMG], diagonal upper gracilis [DUG], profunda artery perforator [PAP], lateral thigh perforator [LTP], or superior gluteal artery perforator [SGAP]) are typically a secondary option for breast reconstruction because of concerns regarding limited tissue volume and donor-site morbidity. Generally, when the abdominal donor sites are not a viable option for a flap, thigh-based donor sites may fill the void and provide a reliable option.

Nipple areola reconstruction or nipple tattooing may also be considered reconstructive breast surgery.

Bhaskara et al. (2025) notes that there is a subset of patients who choose to forego breast reconstruction in favor of flat closure. Following mastectomy, aesthetic flat closure utilizes techniques that optimize scar positioning and contour of the chest wall. Aesthetic flat closure differs from breast reconstruction by the lack of intention to recreate the appearance of breast tissue. (2)

Since the purpose of reconstructive breast surgery is to restore the normal appearance of the breast, on some occasions, procedures are performed on the contralateral, normal breast to achieve symmetry. Contralateral breast surgery, the modification of the opposite, unaffected breast, may include the following services:

- Reduction mammaplasty, a reconstruction of the breast to decrease in volume by excision of tissue;
- Mastopexy (with or without breast implants) or breast lift, a reconstruction performed to correct ptosis or drooping and sagging of the breast;
- Prophylactic mastectomy, not a procedure, per se; it is the rationale for the appropriateness to remove breast tissue in the absence of malignant disease and is also known as preventive mastectomy. It is typically bilateral, but may be performed unilaterally in a patient who has previously undergone a mastectomy in the opposite breast for an invasive cancer and is at risk for developing cancer in the remaining breast; OR

- A combination of these procedures.

Frequently, additional surgical procedures are required to achieve the optimal final reconstructive results. These include excision of redundant tissue, repositioning of the implant, release of internal scar tissue, creation of inframammary fold, scar revision, and other tissue rearrangement.

The operative plan and specific techniques for breast reconstruction and contralateral breast surgery must be tailored to fit the patient's specific situation. This would include evaluating the terms of the cancer/pathology and the need for further treatment. Immediate reconstruction has the advantages of a shortened mastectomy incision, avoidance of mastectomy deformity, as well as multiple hospitalizations, multiple anesthesia, and postoperative courses. Delayed breast reconstruction following a mastectomy may be necessary when postoperative chemo- or radiation therapy is required. Reconstructive surgery may be performed immediately at the time of the initial surgery (mastectomy) or delayed for months or years.

The breast cancer management team includes, but is not limited to, medical oncologist, surgical oncologist, radiation oncologist, plastic surgeon, pathologist, nurses and nurse practitioner, and oncology social worker.

Regulatory Status
Reconstructive and contralateral mammaplasty are surgical procedures and, as such, are not subject to regulation by the U.S. Food and Drug Administration (FDA).

Rationale

This policy is based on a review of relevant professional guidelines and position statements.

National Comprehensive Cancer Network (NCCN)
The NCCN guidelines on invasive breast cancer (V1.2026) (1) under "Principles of Breast Reconstruction Following Surgery" provides the following general principles of breast reconstruction:

- "Breast reconstruction may be an option for any patient receiving surgical treatment for breast cancer. All patients undergoing breast cancer treatment should be educated about breast reconstructive options as adapted to their individual clinical situation. However, breast reconstruction should not interfere with the appropriate surgical, medical and radiation management of the cancer or the scope of appropriate surgical treatment for this disease. Coordinating consultation and surgical treatment with a reconstructive surgeon should be executed within a reasonable time frame. The process of breast reconstruction should not govern the timing or the scope of appropriate surgical treatment for this disease. The availability of or the practicality of breast reconstruction should not result in the delay or refusal of appropriate surgical, medical and radiation intervention."

- "Some patients may choose not to have reconstruction after mastectomy. The option to undergo mastectomy alone with a surgically optimized closure should be offered to all patients as part of a comprehensive discussion of reconstructive options. Achieving the optimal result in this scenario may require additional procedures beyond the initial mastectomy."
- "Selection of reconstruction option and timing of reconstruction option is based on an assessment of cancer treatment, body habits of patients, obesity, smoking history, comorbidities, and patient concerns. Smoking and obesity (WHO Class 2 and 3) increase the risk of preoperative complications for all types of breast reconstruction. Patients with these high-risk factors should be counseled about their increased risk for complications following breast reconstruction, including donor site complications/hernias and bulges of the abdominal wall, delayed healing, mastectomy skin flap necrosis, total flap failure (obesity), and implant failure (smoking)."
- "Nipple areolar reconstruction should be offered to patients if the nipple-areolar complex (NAC) has been removed as part of their cancer treatment. Various techniques are available for nipple reconstruction. Three-dimensional (3-D) tattooing can be offered to patients as an option for NAC reconstruction."
- "Additionally, patients who are not satisfied with the cosmetic outcome following completion of breast cancer treatment should be offered a reconstructive surgery consultation."
- "Patients known to harbor genetic mutations that increase the risk of breast cancer may opt to undergo bilateral prophylactic mastectomies with reconstruction. Reconstruction can be performed with prosthetic, autologous tissue, or a combination of implant with autologous tissue."
- "Skin- and nipple-sparing mastectomy should be performed by an experienced breast surgery team that works in a coordinated, multidisciplinary fashion to guide proper patient selection for skin-sparing mastectomy, determine optimal sequencing of the reconstructive procedure(s) in relation to adjuvant therapies, and perform a resection that achieves appropriate surgical margins."
- "Revisional surgery may be necessary after breast reconstruction. This may include procedures such as fat grafting, mastopexy, direct excision/suction-assisted lipectomy, contralateral procedures (in cases of unilateral reconstruction), and others. Patients should be informed before reconstruction that revision surgery may be necessary."

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	11920, 11921, 11922, 11970, 11971, 15734, 15756, 15757, 15769, 15771, 15772, 19316, 19318, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 19499
HCPCS Codes	C1789, L8031, L8032, L8039, L8600, S2066, S2067, S2068

*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

References

1. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Version 1.2026. Published by the National Comprehensive Cancer Network. Available at <https://www.nccn.org> (accessed on January 28, 2026).
2. Bhaskara M, Hulsman L, Ahmed S, et al. Evaluation of aesthetic flat closure: A scoping review. JPRAS Open. Aug 24 2025; 46:69-82 PMID 41215830

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been developed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change
05/15/2026	Document updated. The following changes were made to Coverage: 1) Revised the first statement addressing reconstructive breast surgery on the affected breast; 2) Moved “Documentation Requirements” to Policy Guidelines section and revised Requirements - Removed Photo documentation of the breast profile and added examples of documentation that may be included; and 3) Removed NOTES 2-5. No new references added; updated one reference.
01/01/2026	Document updated. The following change was made to Coverage: Added “aesthetic flat closure” to list of included reconstructive breast surgery techniques statement. Added reference 2; other references removed.
06/15/2024	Document updated with literature review. Coverage unchanged. Reference 7 added; others updated.

07/15/2023	Reviewed. No changes.
01/15/2023	Document updated with literature review. Coverage unchanged. No new references added; updated reference 7.
10/01/2021	Reviewed. No changes.
02/15/2021	Document updated with literature review. Coverage section edited for clarity. No new references added; updated reference 7. Title changed from “Reconstructive and Contralateral Mammaplasty”.
10/15/2019	Reviewed. No changes.
02/15/2019	Document updated with literature review. Coverage changed to include an example of autologous reconstruction using the patient's own tissues: thigh-based flaps; with a full explanation of thigh-based flaps in Description section. No references added or removed. 7/15/2017
07/15/2017	Reviewed. No changes.
05/15/2016	Document updated with literature review. Coverage unchanged.
11/01/2015	Reviewed. Clarification of full or partial mastectomy was included in each coverage statement. Reference to Reconstructive and Cosmetic Procedures, SUR716.001, was added as a NOTE to the coverage section.
01/15/2014	Document updated with literature review. The following was added to the list of breast reconstructive techniques for procedures to achieve symmetry as medically necessary: 1) immediate or delayed insertion of breast implants and with or without associated expanders; 2) autologous reconstruction using the patient's own tissues (e.g., latissimus dorsi flap, transverse rectus abdominis myocutaneous flap, or free flap); 3) harvesting and grafting of autologous fat as a replacement for implants or to fill defects after breast conservation surgery; 4) revision of reconstructed breast; and/or 5) nipple/areola reconstruction and nipple tattooing when the breast reconstruction is considered eligible for coverage. Rationale completely revised.
06/15/2008	Policy reviewed without literature review; new review date only.
01/01/2007	New CPT/HCPCS code(s) added.
04/15/2006	Revised/updated entire document.
01/01/2006	New CPT/HCPCS code(s) added.
07/01/2005	Revised/updated entire document.
11/01/2000	Revised/updated entire document.
05/01/1996	Medical policy number changed.
12/01/1995	Revised/updated entire document.
03/01/1991	Revised/updated entire document.
05/01/1990	New medical document.